

# GIRL TALK | Teen 18-Month Follow-up Questionnaire

ENTER TEEN ID: \_ \_ \_ \_ \_

## SECTION A: HOME ENVIRONMENT and WORK

To start I'd like to ask you some questions about your living situation.

1. How many different places have you moved to or lived in the last 6 months, that is since (MONTH)?

|\_|\_|\_|\_| (RANGE 1-25)  
(IF Q.1=1, SKIP TO Q.4)

2. How many of these moves were because of problems with a family member you were living with?

|\_|\_|\_|\_| (RANGE 0-25)

3. How many of these moves were because of problems with a boyfriend?

|\_|\_|\_|\_| (RANGE 0-25)

4. How long have you been living where you are now? Would you say . . .

- 01 Less than 1 month
- 02 1-3 months
- 03 4-6 months
- 04 7-12 months
- 05 More than 12 months (SKIP TO Q6, THEN SKIP TO Q9)

5. Where do you live? (PROBE IF NEEDED)

- 01. GROUP HOME, (SKIP TO Q.9)
- 02. IN A SHELTER, (SKIP TO Q.9)
- 03. SUPERVISED APARTMENT, (SKIP TO Q.9)
- 04. ON THE STREET, (SKIP TO Q.9)
- 05. IN A HOUSE OR APARTMENT, (GO TO Q.6)
- 06. SOMEPLACE ELSE? (ASK 6sp)

6sp. SPECIFY \_\_\_\_\_ (SKIP TO Q9)

6. How many people live with you?

|\_|\_|\_|\_| (RANGE 0-99) (IF A6=0, SKIP TO A8)

**7. Starting with the oldest person who lives with you, please tell me their relationship to you.  
(IF BOYFRIEND: PROBE- is this baby's father?)  
(PROBE: ASK ABOUT BABY)**

	Relationship to Teen (use codes at right)	01 Baby 02 My mother 03 My father 04 My partner- (baby's father) 05 My partner (not baby's father) 06 My sibling 07 My grandmother or grandfather 08 My parent's partner 09 My step or half sibling 10 My cousin 11 My aunt 12 My other relative 13 Baby's father's mother	14 Baby's father's father 15 Baby's father's parent's partner 16 Baby's father's grandmother or grandfather 17 Baby's father's sibling 18 Baby's father's step or half sibling 19 Baby's father's other relative 20 My partner's parents or other relative 21 Non-relative/friend 22 Other (SPECIFY)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

**8. Who's home is it? (MARK ALL THAT APPLY)**

- 01 OWN PLACE
- 02 PARENTS
- 03 RELATIVES
- 04 PARTNER'S RELATIVES
- 05 PARTNER
- 06 FRIENDS
- 07 FOSTER HOME
- 08 OTHER (ASK 8sp)

**8sp. SPECIFY** \_\_\_\_\_

**9. In the last 6 months, have you worked outside the home for pay? This includes both regular jobs and things like baby-sitting or housecleaning.**

- 01 Yes
- 02 No (SKIP TO A14)
- 99 Refused (SKIP TO A14)

**10. How many hours did you spend working for pay in a typical week? Would you say . . .**

- 01 Less than 10,
- 02 10-20 hours per week on average,
- 03 21-30 hours per week on average, or
- 04 More than 30 hours per week on average?

**11. What kind of work have you done? (MARK ALL THAT APPLY)**

- 01. SALES
- 02. CLERICAL-OFFICE WORK
- 03. BABYSITTING-CHILDCARE
- 04. FOOD SERVICE
- 05 OTHER(ASK 11sp)

**11sp. SPECIFY** \_\_\_\_\_

**12. When did you start back to work after your delivery, that is, which month and year?**

|\_\_ \_\_| \_\_ \_\_| (FI NOTE: ENTER MONTH and YEAR)

**13. Are you currently working?**      01 Yes      02 No

Now I'd like to ask you about your household finances.

<b>14. In the last 30 days, did you (or your baby) receive:</b>		
a. Medicaid?	01. Yes	02. No
b. Food stamps?	01. Yes	02. No
c. TANF or AFDC?	01. Yes	02. No
d. WIC?	01. Yes	02. No
e. Day care vouchers or subsidy?	01. Yes	02. No
f. Tuition benefits through TANF or scholarship?	01. Yes	02. No

**15. How many months in the last 6 months did you run out of money before the end of the month? Would you say . . .**

- 01. None,
- 02. Once or twice, or
- 03. More than 2 times?

**16. Were there any days in the last 30 days when you had no food because you could not afford it?**

- 01. Yes,
- 02. No

**17. About how often do you participate in worship services, church meetings, or other religious activities?**

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

## SECTION B: BABY CARE

Now I have some questions about your baby.

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 or 07 for Q1)

**1. How is your baby doing? Would you say your baby's health is . . .**

- 01. Excellent (SKIP TO Q.3)
- 02. Very good (SKIP TO Q.3)
- 03. Good (SKIP TO Q.3)
- 04. Fair (SKIP TO Q.1a)
- 05. Poor (SKIP TO Q.1a)
- 06. BABY DIED 0-12MO—ALREADY KNEW (ASK Q.3A, THEN SKIP TO Q.21)
- 07. BABY DIED 13-18MO—FINDING OUT NOW (SKIP TO Q2)
- 08. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.3)

**1a. What health problems does your baby have? (MARK ALL)**

- 01. ASTHMA (SKIP TO Q.3)
- 02. SICKLE CELL (SKIP TO Q.3)
- 03. CONGESTED/KEEPS A COLD (SKIP TO Q.3)
- 04. OTHER SPECIFY (ASK 1sp)

**1sp. Specify health problems?** \_\_\_\_\_ (SKIP TO Q.3)

[ASK IF BABY DIED IN PAST 6 MONTHS (Q.1=07)]

2. What was the cause of your baby's death?

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[IF BABY DIED (06 or 07), DO NOT ASK Q3. ENTER "the baby"]

3. What is/was your baby's name? \_\_\_\_\_ (PROGRAM NAME INTO CAPI)

3a. What was (BABY)' weight at delivery?

|\_|\_|\_| Pounds |\_|\_|\_| Ounces

[IF BABY DIED (06 or 07), DO NOT ASK Q3b. )

3b. What is (baby)'s weight now?

|\_|\_|\_| Pounds

(IF BABY DIED IN 1<sup>st</sup> 12 MONTHS (B1=06), SKIP TO B21)

(IF BABY DIED IN 13-18 MONTHS (B1=07), CONTINUE BUT USE ALTERNATE WORDING)

4. Currently, does (BABY) spend 4 or more nights each week with you?

IF BABY DIED: (Did (BABY) spend...)

01 Yes (SKIP TO Q.9)

02 No

5. With whom does/did (BABY) stay at night? (CHECK ALL THAT APPLY)

01 BABY'S FATHER (ASK 6)

02 MY PARENTS (ASK 6)

03 PARENTS OF BABY'S FATHER (ASK 6)

04 OTHER RELATIVE (ASK 6)

05 FRIEND (ASK 6)

06 FOSTER PLACEMENT (ASK 6)

07 ADOPTION (SKIP TO 7)

08 OTHER (ASK Q.5sp)

5sp. SPECIFY \_\_\_\_\_ (ASK 6)

6. How many days per week do/did you usually see (BABY)?

|\_|\_|\_| Times per week (LIMIT=0-7)

7. Is/Was this living situation something that was legally required or court ordered?

01 Yes

02 No

8. How old was (BABY) when this arrangement began?

|\_|\_|\_| Months (NOTE: IF LESS THAN 1 MO, ENTER 0)

9. Is/Was Child Protective Services, that is CFSA, working with you or your child?

01. Yes

02. No

[IF TEEN CURRENTLY HAS NO CONTACT WITH BABY (B6=0 OR B5= 07) AND (B8>6) **SKIP TO B12** AND USE ALTERNATE WORDING]

[IF TEEN HAD NO CONTACT WITH BABY IN PAST 6-MO (B6=0 OR B5= 07) AND (B8=6) **SKIP TO B21**]

[IF BABY DIED (B1=07) **SKIP TO B12** AND USE 'BABY DIED' WORDING]

10. **In the past 3 months**, has (BABY) been to see a health provider?

- 01 Yes (SKIP TO Q11)
- 02 No (ASK 10a)

10a. **Why not?** (CHECK ALL THAT APPLY)

- 01 MISSED LAST APPOINTMENT
- 02 VISIT IS SCHEDULED BUT NOT YET DUE
- 03 NO TRANSPORTATION
- 04 NEED TO FIND A DOCTOR
- 05 NO MEDICAID/INSURANCE
- 06 OTHER (ASK 10sp)

10sp. **SPECIFY:** \_\_\_\_\_

11. **Is he/she up to date in receiving immunizations or shots?**

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. **In the past 6 months**, how many times has (BABY) gone) to the **emergency room** for an injury, such as a fall, burn, or cut?

IF (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

IF BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|\_\_\_\_|\_\_\_\_| (RANGE 0-20)  
(IF 0, SKIP TO Q.13)

12a. **For what type(s) of injury did (BABY) go to the emergency room?** (MARK ALL)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12a\_sp)

12a\_sp **SPECIFY:** \_\_\_\_\_

13. **In the past 6 months**, how many times has (BABY) gone) to the **emergency room** for a sick visit, that is, because he/she was not feeling well?

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|\_\_\_\_|\_\_\_\_| (RANGE 0-20)

**14. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for an injury, such as a fall, burn, or cut?**

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|\_\_\_\_|\_\_\_\_| (RANGE 0-20)  
(IF 0, SKIP TO Q.15)

**14a. For what type(s) of injury did (BABY) go to the doctor or clinic? (MARK ALL THAT APPLY)**

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 14a\_sp)

**14a\_sp SPECIFY:** \_\_\_\_\_

**15. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for a sick visit, that is, because he/she was not feeling well?**

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|\_\_\_\_|\_\_\_\_| (RANGE 0-20)

**I'd like to ask you about your arrangements for childcare.**

**16. (In the past 6 months), how many different childcare arrangements have you had, other than you taking care of the baby? That is, how many other individuals regularly take (took) care of the baby including daycare centers?**

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months)

If BABY DIED: (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|\_\_\_\_|\_\_\_\_|(0-20)  
(IF 0, SKIP TO Q.21)

**[IF TEEN IS NOT IN CONTACT WITH BABY (B6=0 OR B7= 07) SKIP TO Q.21.]**

**17. Does (BABY) stay daytimes during weekdays at your home or somewhere else?**

If BABY DIED (B1=07): (Before (BABY) died, did he/she stay daytimes at your home or somewhere else?)

01 Home                      02 Somewhere else                      03 BOTH

**18. In a typical week, how many hours is/was (BABY) looked after by someone other than you?**

|\_\_\_\_|\_\_\_\_| HOURS/WEEK (1-90)

**19. Who takes/took care of (NAME OF BABY) daytimes most of the week? (MARK ONE)**

- 01 YOU
- 02 YOUR FAMILY OR A RELATIVE
- 03 BABY'S FATHER OR HIS FAMILY
- 04 FRIEND
- 05 HOME DAYCARE
- 06 GROUP DAYCARE
- 07 OTHER (ASK 19sp.)

**19sp. SPECIFY:** \_\_\_\_\_

**20. Do/did you pay for any childcare?**      01 Yes (INCLUDES VOUCHER)      02 No

**21. Are you or have you been involved in any programs for teen mothers or teen mothers and their babies in the last 6 months?**

- 01 Yes (ASK Q21a)
- 02 No (SKIP TO Section C)

**21a. What are the names of these programs?**

Specify Program 1 \_\_\_\_\_ (ASK: Any others?)

Specify Program 2 \_\_\_\_\_ (ASK: Any others?)

Specify Program 3 \_\_\_\_\_

## SECTION C: RELATIONSHIPS

**1. Have you been pregnant in the last 18 months, (that is since (BABY) was born)? OMIT 2<sup>nd</sup> PART IF BABY DIED)**

- 01 Yes (ASK 1a)
- 02 No (SKIP to 2)

**1a. How many times in the past 18 months have you been pregnant?**

|\_\_\_\_| # times (LIMIT=1-9)

**1b. Did you become pregnant in the past 6 months, that is since [6 MONTHS AGO]?**

- 01 Yes
- 02 No

**1c. Are you currently pregnant?**

- 01 Yes
- 02 No

**(POP-UP ALERT IF 1b='yes': AT END OF INTERVIEW COMPLETE POSITIVE PREGNANCY FORM)**

The next questions are about your relationships.

**2. Which of these best describes you? Are you . . .**

- 01 Never Married (SKIP TO Q.3)
- 02 Married (ASK Q.2a)
- 03 Divorced (SKIP TO Q.3)
- 04 Widowed (SKIP TO Q.3)
- 05 Separated (SKIP TO Q.3)

**2a. When did you get married?**

|\_|\_| | --|\_|\_| | --|\_|\_| | (SKIP TO Q.6)

**3. How many boyfriends have you had in the past 6 months?** |\_|\_|\_|\_| (0-50)

**4. Do you currently have a boyfriend?**

01 Yes                      02 No (SKIP TO Q19 + use alternate wording)

**5. What is your relationship with your current boyfriend? Are you . . .**

01 Dating or friends,  
02 Going together (steady), or  
03 Living together?

**6. Is your (boyfriend/husband) now (BABY)'s father)? IF BABY DIED ADD (, the father of your baby who died)?**

01 YES  
02 NO

**7. How long have you and he been together?**

01 WE AREN'T REALLY TOGETHER YET  
02 LESS THAN A MONTH  
03 1-3 MONTHS  
04 4-6 MONTHS  
05 7-12 MONTHS  
06 12-18 MONTHS  
07 OVER 18 MONTHS

**8. Is he currently living in the same household with you?**

01 Yes  
02 No

**9. How old is he?** |\_|\_|\_|\_| (10-99)

**10. How many (other) children does he have?** |\_|\_|\_|\_| (0-9)

**11. How many hours do you spend with him in an average week?** |\_|\_|\_|\_| (0-170)

**[IF C11=0, ASK C11a, ELSE GO TO C12]**

**11a. Why don't you see him?**

01 He's in jail (SKIP TO Q15)  
02 He's in the military (SKIP TO Q15)  
03 He lives in another part of the country (SKIP TO Q12)  
04 Other (ASK Q.11a\_sp)

**11a\_sp. SPECIFY:** \_\_\_\_\_

**[ASK Q12-15 ONLY IF MARRIED (Q.2=02) OR WITH BOYFRIEND (Q.4=01)]**

(PROGRAM "boyfriend" IF Q3=01, OR "husband" IF Q1=02)

**12. Is your (boyfriend/husband) still in school? Or, has he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)**

01 Yes                      02 No



**13. Is he working now?**

- 01 Yes                      02 No (SKIP TO Q.15)

**14. Is this a full-time or part-time job?**

- 01 Full-time only  
02 Part-time only  
03 Both

<b>15. How is he involved in (BABY)'s life? Does your (boyfriend/husband) . . .</b> <b>[SKIP Q15a-e IF BABY DIED (B1=06 or 07) OR IF BABY NOT WITH TEEN + BOYFRIEND NOT BABY'S FATHER (B6=0 OR B5= 07) AND C6=02]</b>	Yes	No
<b>a. Provide some financial support or money for things you need?</b>	01	02
<b>b. Provide diapers, gifts, food, etc.?</b>	01	02
<b>c. Help with childcare on a regular basis?</b>	01	02
<b>d. Help with transportation for either you or (BABY)?</b>	01	02
<b>e. Does his family help take care of (BABY)?</b>	01	02

**Does your (boyfriend/husband) . . .**

<b>f. Expect you to continue your education?</b>	01	02
<b>g. Want to have a child with you (before your baby turns 2 years) IF BABY DIED (in the next 6 months)?</b>	01	02
<b>h. Pressure you to have another/a baby with him?</b>	01	02

**[SKIP TO Q17 IF ALREADY PREGNANT (C1=01)]**

**16. Do you want to get pregnant by your (boyfriend/husband) now?**

**Would you say...**

- 01 Definitely no  
02 Probably no  
03 Neither want nor don't want  
04 Probably yes  
05 Definitely yes

Some teenagers don't use birth control because other people, such as friends, boyfriends, parents, or relatives make it hard for them to do so. For these next questions, please use showcard #1.

<b>17. For each of the following statements, please tell me the answer that <u>best</u> describes how you usually feel.</b>	Very True	Sort of True	Not very True	Not At All True
<b>a. My (boyfriend/husband) won't let me use birth control. Is that...?</b>	01	02	03	04
<b>b. When my (boyfriend/husband) gets excited he won't stop and use birth control even if I ask him to. Is that...?</b>	01	02	03	04
<b>c. I find myself having sex without birth control even when I don't want to because my (boyfriend/husband) insists on it.</b>	01	02	03	04
<b>d. If I talk to my (boyfriend/husband) about using birth control he says it means I don't really love him.</b>	01	02	03	04

**18a.** In the last 12 months how often did you talk with your boyfriend about preventing pregnancy or using birth control? Would you say . . .

- 01 Often
- 02 A few times
- 03 Rarely or never

**18b.** How hard or easy (is it/would it be) for you to talk with your boyfriend about preventing pregnancy or using birth control? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

**(IF BABY DIED (B1=06 or 07) OR NOT IN CONTACT WITH BABY (B6=0 OR B5= 07), SKIP TO Q21)**

**19.** How often does your (boyfriend/husband) have contact with the baby?

**IF BOYFRIEND IS NOT FATHER (C6=02) OR NO BOYFRIEND (C4 ? 01) USE THIS WORDING:**

Now I have some questions about (BABY)'s father. How often does (BABY)'s father have contact with (BABY)?

- 01 DAILY (SKIP TO Q.21)
- 02 MULTIPLE TIMES A WEEK
- 03 ONCE A WEEK
- 04 A COUPLE OF TIMES A MONTH (LESS OFTEN THAN ONCE A WEEK)
- 05 ONCE A MONTH
- 06 LESS THAN ONCE A MONTH
- 07 NEVER

**20.** Would you like him to have more contact with (INSERT BABY'S NAME)?

- 01 Yes
- 02 No
- 03 I DON'T CARE

**(IF BOYFRIEND IS BABY'S FATHER (C6=01) SKIP TO SECTION D)**

**21.** How would you describe your relationship with (BABY)'s biologic father?

Would you say you are not together anymore but you still talk, or you don't talk or have any contact, or something else?

- 01. NOT TOGETHER ANYMORE BUT WE STILL TALK
- 02. WE DON'T TALK OR HAVE CONTACT ANY MORE (SKIP TO Q.23)
- 03. I DON'T KNOW WHO THE FATHER IS (SKIP TO SECTION D)
- 04. TEEN WAS RAPED (SKIP TO SECTION D)
- 05. DECEASED (SKIP TO SECTION D)
- 06. OTHER. (ASK 21sp)

**21sp.** Please explain: \_\_\_\_\_

**22.** How often do you have contact with (BABY)'s father?

- 01 DAILY (SKIP TO Q.25)
- 02 MULTIPLE TIMES A WEEK (SKIP TO Q.24)
- 03 ONCE A WEEK (SKIP TO Q.24)
- 04 A COUPLE OF TIMES A MONTH (LESS THAN ONCE A WEEK) (SKIP TO Q.24)
- 05 ONCE A MONTH (SKIP TO Q.24)
- 06 LESS THAN ONCE A MONTH (SKIP TO Q.24)
- 07 NEVER (ASK Q.23)
- 08 OTHER (ASK Q.22sp)

**22sp.** SPECIFY: \_\_\_\_\_ (SKIP TO Q.24)

(ASK Q.23 ONLY IF DON'T TALK OR HAVE ANY CONTACT (Q.21=02) OR (Q.22=07))

23. What is the reason you don't have contact with him?

- 01 HE DOESN'T WANT ANY
- 02 HE IS IN JAIL
- 03 I DON'T WANT ANY (SKIP TO Q.25)
- 04 HE IS DECEASED (SKIP TO SECTION D)
- 05 TEEN WAS RAPED (SKIP TO SECTION D)
- 06 OTHER (ASK 23sp)

23sp. SPECIFY: \_\_\_\_\_

24. Would you like to have (more) contact?

- 01 Yes
- 02 No

(IF BABY DIED (B1=06 or 07), SKIP TO Section D)

25. How is (BABY)'s father involved in (BABY)'s life? Does he . . .	Yes	No
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc?	01	02
c. Help with childcare on a regular basis? (SKIP IF Q23=02)	01	02
d. Help with transportation? (SKIP IF Q23=02)	01	02
e. Does his family help take care of the baby?	01	02

## SECTION D: SCHOOL OR TRAINING/FUTURE PLANS

The next few questions are about your education.

1. What grade or year are you currently in or were you when you left school?

MARK ALL THAT APPLY

- 01 Less than 8<sup>th</sup> grade
- 02 8<sup>th</sup>
- 03 9<sup>th</sup>
- 04 10<sup>th</sup>
- 05 11<sup>th</sup>
- 06 12<sup>th</sup>-no diploma
- 07 12<sup>th</sup>-graduated
- 08 1<sup>st</sup> year college

2. Have you participated in school or job training programs in the past 6 months? This includes college or online courses.

(MARK ALL THAT APPLY)

- 01 Yes, school/GED/college/online classes? ASK 2a  
2a. How many schools/GED have you attended? |\_\_|\_\_| (0-99)
- 02 Yes, job training? ASK 2b  
2b. How many job training programs have you attended? |\_\_|\_\_| (0-99)
- 03 None (SKIP TO Q.15)
- DK, R, NA → SKIP TO Q.15

**3. Are you currently in school or in a job training program?** (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HER CURRENTLY IN SCHOOL.)  
(MARK ALL THAT APPLY)

- 01 Yes, school
- 02 Yes, job training
- 03 No, neither

IF IN SCHOOL/ TRAINING ANYTIME IN PAST 6 MONTHS

**4. What kind of school or job training programs or courses have you participated in? (MARK ALL)**

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL
- 02 ALTERNATIVE HIGH SCHOOL
- 03 GED PROGRAM
- 04 VOCATIONAL
- 05 COLLEGE
- 06 ONLINE COURSES (Ask 4\_onlinesp)
- 07 OTHER (ASK 4sp)

**4sp. SPECIFY:** \_\_\_\_\_

**4\_onlinesp. What type of online courses?** \_\_\_\_\_

**IF ONLY TAKING ONLINE COURSES (D4=06 ONLY), SKIP TO D7+8, THEN TO D10.**

**5. In the past 6 months, that is since (MONTH), on average about how many days per month did you miss going to school or job training because you skipped?**

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

**[SKIP TO D7 IF BABY DIED IN 1-12 MONTHS (B1=06) OR NO CONTACT WITH BABY (B5=7) OR (B6=0)]**

**6. In the past 6 months, on average about how many days per month did you miss going to school or job training because something came up with the baby?**

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

IF IN SCHOOL ANYTIME IN PAST 6 MONTHS

**[SKIP TO D9 IF DID NOT ATTEND SCHOOL IN PAST 6MO (D2<=>01), BUT DID JOB TRAINING (D2=02)]**

**7. On an average weekday, about how much time did you spend doing homework in the past 6 months?**

- 01 NONE
- 02 HALF HOUR OR LESS
- 03 BETWEEN HALF AN HOUR AND AN HOUR
- 04 1 HOUR
- 05 2 HOUR
- 06 3 HOURS OR MORE

**8. In the past 6 months what grades did you usually earn?**

- 01 MOSTLY A's
- 02 ABOUT HALF A's AND HALF B's
- 03 MOSTLY B's
- 04 ABOUT HALF B's AND HALF C's
- 05 MOSTLY C's
- 06 ABOUT HALF C's AND HALF D's
- 07 MOSTLY D's
- 08 MOSTLY BELOW D's
- 09 NOT GRADED

**IF CURRENTLY ATTENDING SCHOOL OR JOB TRAINING**

**[IF D3=03 (NOT CURRENTLY IN SCHOOL) AND D2=03 (NOT IN LAST 6MO) SKIP TO D15]**

**[IF D3=03 (NOT CURRENTLY IN SCHOOL) BUT D2=01 OR 02 (WAS IN LAST 6MO) SKIP TO D12]**

**9. How many close friends do you have at your school or job training program? |\_\_\_| |\_\_\_| (0-99)**

**10. On average how many hours per week do you participate in school or a job training program?**

|\_\_\_| HOURS (0-170)

**11. When you complete this training what type of certificate will you have?**

- 01. High school diploma/GED
- 02. Job training certificate **(ASK 11sp)**
- 03. Vocational/certificate program **(ASK 11sp)**
- 04. Associates Degree (AA)
- 05. Bachelors Degree (BA/BS)

**11sp. Specify Type of certificate:** \_\_\_\_\_

**IF IN SCHOOL/JOB TRAINING ANYTIME IN PAST 6 MONTHS**

**12. Did you receive a diploma, degree or certificate in the past 6 months? (PROBE: What type?)  
(MARK ALL THAT APPLY)**

- 01. No
- 02. Yes, high school diploma/GED
- 03. Yes, job training certificate
- 04. Yes, vocational/certificate program
- 05. Associates Degree (AA)

**IF IN SCHOOL ANYTIME IN PAST 6 MONTHS**

**[IF D2>01 (NOT IN SCHOOL IN PAST 6 MO) SKIP TO D15]**

**[IF D4=06 ONLY (ONLINE ONLY) SKIP TO D17]**

**If you are not currently in school, think back to the last time you were in school in the past 6 months.**

<b>13. Please use showcard #2. Tell me how true the following statements are about you and your school.</b>	<b>01 Not at All True</b>	<b>02 A Little True</b>	<b>03 Pretty Much True</b>	<b>04 Very Much True</b>
a. At my school there was a teacher or some other adult who told me when I did a good job. Is this...				
b. At my school there was a teacher or some other adult who listened to me when I had something to say. Is this...				
c. who believed that I would be a success.				
d. who showed they cared about me.				

<b>14. In the past 6 months, have you received special praise, an award, or recognition for any of the following school activities?</b>	<b>01 Yes</b>	<b>02 No</b>
a. Being on the honor roll		
b. Sports team		
c. School paper or Yearbook		
d. School Government		
e. Peer Counselor		
f. Community Service		
g. Art Recognition		
h. Cheering Squad/Dance		
i. Choir/Band/Orchestra		

IF NOT CURRENTLY IN SCHOOL/JOB TRAINING

(ASK D15 IF NEVER ATTENDED SCHOOL (D2=03 OR DK, R, NA) OR NOT CURRENTLY IN SCHOOL (D3=03). ELSE SKIP TO Q.16)

**15. Why are you not attending school or training? (MARK ALL THAT APPLY)**

- 01 WORK HOURS INTERFERE WITH SCHOOL ATTENDANCE
- 02 PREFER TO STAY HOME WITH BABY
- 03 CAN'T GET OR FIND CHILDCARE
- 04 DON'T WANT MORE EDUCATION OR TRAINING
- 05 NO TRANSPORTATION
- 06 CAN'T AFFORD TUITION
- 07 APPLICATION ACCEPTANCE PENDING
- 08 OTHER (ASK 15sp)

**15sp. SPECIFY:** \_\_\_\_\_

IF NEVER IN SCHOOL/JOB TRAINING IN PAST 6 MONTHS

(ASK D16 IF NEVER ATTENDED SCHOOL OR TRAINING (D2=03 OR DK, R, NA). ELSE SKIP TO Q.17)

**16. Have you taken (did you take) actions to enroll in school in the past 6 months?**

- 01 Yes
- 02 No

ASK ALL

**17. How far do you hope to go in school?**

- 01 HIGH SCHOOL GRADUATION
- 02 GED
- 03 TRADE SCHOOL AFTER HIGH SCHOOL/GED
- 04 COLLEGE
- 05 MORE THAN COLLEGE
- 06 NO FURTHER (SKIP TO Q.19)
- 07 OTHER (ASK 17sp)

**17sp. SPECIFY:** \_\_\_\_\_

For these next questions please use showcard #3.

**18. How likely is it that you will achieve or reach your educational goal? Would you say. . .**

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

**19. (For this question please use showcard #3.)**

**How likely is it that you will get a good job or be successful in a career? Would you say...**

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

## SECTION E: DEPRESSION

Sometimes people experience difficult situations in their life. The next few questions are about some problems you may have had. For these next questions, please use showcard #4.

1. <u>Over the last 2 weeks</u> , how often have you been bothered by any of the following problems:	Not at all	Several Days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things? Would you say . . .	01	02	03	04
b. Feeling down, depressed or hopeless? Would you say . . .	01	02	03	04
c. Trouble falling or staying asleep?	01	02	03	04
d. Feeling tired or having little energy?	01	02	03	04
e. Poor appetite or overeating?	01	02	03	04
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	01	02	03	04
g. Trouble concentrating on things, such as reading the newspaper or watching television?	01	02	03	04
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	01	02	03	04
i. Thoughts that you would be better off dead or hurting yourself in some way?	01	02	03**	04**

\*\* INSERT WARNING ALERT SCREEN: "TEEN NEEDS MENTAL HEALTH ASSESSMENT"

	Yes	No	N/A
2. Are you having regular arguments or conflicts with your present steady boyfriend or partner?	01	02	-7
3. Are you having some sort of problem with any of your former boyfriends or partners?	01	02	
4. Do you or someone in your household have a long-term illness?	01	02	

4sp-What type of long-term illness? \_\_\_\_\_

5. <u>In the last 6 months</u> , have any of these events happened to you or people you lived with?	Yes	No
(FI NOTE: IF BABY DIED IN PAST 6MO (A1=07) CODE 01)	01	02
a. Death of a family member?	01	02
b. Death of a friend?	01	02
c. Family member in jail?	01	02
d. Your current or previous boyfriend went to jail	01	02
e. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 6 months?	01	02
f. Evicted?	01	02
g. Job loss?	01	02
h. Drug problem in the last 6 months? (IF YES, ASK h_1)	01	02
h_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE)	
	02 MOTHER-FIGURE	
	03 SELF	
	04 OTHER	

5. <b>In the last 6 months</b> , have any of these events happened to you or people you lived with?	Yes	No
i. <b>Alcohol or drinking problem in the last 6 months?</b> (IF YES, ASK i_1)	01	02
i_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER	
j. <b>Deeply in debt?</b>	01	02
k. <b>Divorce or separation?</b>	01	02

## SECTION F: RELATIONSHIP WITH MOTHER/ MOTHER FIGURE/ PARENTS

### SECTION F0: IDENTIFY M-F

- A. Is your mother-figure in the GirlTalk program your (INSERT RELATIONSHIP FROM CONTACT SHEET)?
- IF CONTACT SHEET IS BLANK- Do you have a mother-figure in the GirlTalk program with you?
01. M-F IS BIOLOGIC MOM (SKIP TO SECTION F2, Q1)
02. M-F IS NOT BIOLOGIC MOM  
A\_sp. SPECIFY RELATIONSHIP OF M-F: \_\_\_\_\_ (GO TO SECTION F1)  
(Use this for programming.)
03. NO M-F IN STUDY (GO TO SCREEN B BELOW)

(VIEW SCREEN B IF SECTION F0\_A=03)

SCREEN B: IF NO M-F IN STUDY

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a mother to you. We will be asking about this same person again, whether or not she was in this program with you.

- B. What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HER FIRST NAME.)
01. M-F IS BIOLOGIC MOM (Use for programming) (GO TO SECTION F2, Q1)
02. M-F IS NOT BIOLOGIC MOM  
A\_sp. SPECIFY RELATIONSHIP OF M-F: \_\_\_\_\_ (GO TO SECTION F1)  
(Use this for programming.)
03. NO M-F IN HER LIFE DURING LAST INTERVIEW, (GO TO SECTION F1, THEN SKIP TO SECTION F4)

### SECTION F1: BIOLOGIC MOTHER

[ASK SECTION F1 ONLY IF A=02 AND B=02 or 03 (MF IS NOT BIOLOGIC MOM OR NO MF)]

The next few questions are about your biologic mother, that is, the mother you were born to.

1. Does your biologic mother currently live in this household?

01 Yes or Sometimes {SKIP TO SECTION F2}  
02 No

2. When did you last live with her?

\_\_\_\_\_ # weeks ago (RANGE 0-4)  
\_\_\_\_\_ # months ago (RANGE 0-12)  
\_\_\_\_\_ # years ago (RANGE 0-19)  
-7 NEVER LIVED WITH MOM



- 3 **In the last 6 months**, about how often have you talked to her in person or on the telephone, or received a letter from her? Would you say. . .

- 01 Not at all,
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 06 MOTHER DIED
- 8 DON'T KNOW

## SECTION F2: MOTHER-FIGURE

[FILL IN "MOTHER/M-F" WITH "mother" or M-F RELATIONSHIP FROM F0\_A\_ sp or B\_sp]

**(VIEW SCREEN A IF SECTION F0\_A=02 or B=02)**

**SCREEN A : IF M-F IS NOT TEEN'S MOTHER**

In this section we will be asking about your [RELATIONSHIP OF M-F, FROM SECTION F0\_A\_ sp or B\_sp], the person you said was most like a mother to you.

[IF NOT IN SCHOOL IN PAST 6 MO (D3?01 OR D3 skipped) OR ONLINE ONLY (D5=06 ONLY), **SKIP TO Q.2**]

**For these next questions, please use showcard #5.**

1. <b>In the past 6 months, that is since (MONTH), how often did your (MOTHER/M-F)...?</b>	01 Never	02 Rarely	03 Sometimes	04 Often
a. ...help you with your school work? Would you say...				
b. How often did (MOTHER/M-F) talk to you about what you are doing in school. Would you say...				
c. ...ask you about homework?				
d. ...go to meetings or events at your school?				

2. <b>Please use (keep using) showcard #5. In the past 6 months, how often did you and your (MOTHER/M-F) talk about . . .</b>	Never	Rarely	Sometimes	Often
a. pressure from peers to join in risky behavior? Would you say . . .	01	02	03	04
b. In the past 6 months, how often did you and your (MOTHER/M-F) talk about protecting yourself from becoming pregnant? Would you say . . .	01	02	03	04
c. specific birth control methods?	01	02	03	04
d. the time of the month when you most easily could get pregnant?	01	02	03	04
e. protecting yourself from Sexually Transmitted Diseases, STDs, STIs, or AIDS?	01	02	03	04
f. the role of sex in your relationships with boys?	01	02	03	04

3. <b>In the last 3 months, that is since (MONTH), which of the following things have you done with your (MOTHER/M-F)?</b>	Yes	No	NA
(SKIP 3a IF BABY DIED IN 1 <sup>st</sup> 12MO (B1=06) OR (B5=07))	01	02	03
a. Spent time together with the baby?	01	02	03
b. Stayed overnight at her place?	01	02	03
c. Gone to a religious service or church-related event?	01	02	03
d. Talked about someone you're dating?	01	02	03

<b>3. In the last 3 months, that is since (MONTH), which of the following things have you done with your (MOTHER/M-F)?</b>	Yes	No	NA
e. In the last 3 months, have you and your (MOTHER/M-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
f. Talked about your friends or a party you went to? (NOTE: 'party' means 'getting together socially with friends'.)	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 3 months, have you and your (MOTHER/M-F) talked about your school work, grades, or education?	01	02	03
j. Worked on a school project or around the house together?	01	02	03

**4. How do you rate your level of communication with your (MOTHER/M-F) about sexual issues?  
Would you say . . .**

01. We communicate much less than I want to about these issues.  
 02. We communicate a little less than I want to about these issues.  
 03. We communicate as much as I want to about these issues?

**5. How do you rate your level of communication with your (MOTHER/M-F) about issues not related to sex?  
Would you say . . .**

04. We communicate much less than I want to about these issues.  
 05. We communicate a little less than I want to about these issues.  
 06. We communicate as much as I want to about these issues?

<b>6. Please use showcard #6. Tell me how much you agree or disagree with the following statements.</b>	01 Strongly Disagree	02 Moderately Disagree	03 Neither agree nor disagree	04 Moderately Agree	05 Strongly Agree
a. Sometimes I have trouble believing everything my (MOTHER/M-F) tells me. Do you. . .					
b. My (MOTHER/M-F) has a tendency to say things to me which would be better left unsaid, or that I wish she had not said					
c. When we are having a problem, I often give my (MOTHER/M-F) the silent treatment. Do you...					
d. I am careful about what I say to my (MOTHER/M-F).					
e. When talking to my (MOTHER/M-F), I have a tendency to say things that would be better left unsaid or things I wish I had not said. Do you. .					
f. There are topics I avoid discussing with my (MOTHER/M-F).					
g. It is very easy for me to talk about my true feelings to my (MOTHER/M-F).					
h. My (MOTHER/M-F) nags or bothers me.					
i. I don't think I can tell my (MOTHER/M-F) how I really feel about some things.					

For these next questions, please use showcard #7.	Not at all or Hardly Ever	A Few Times	Sometimes	About once a day	More than once a day
7. Thinking back over the last 3 months, that is since (MONTH), in a typical week, how often did your (MOTHER/M-F) praise or compliment you on things you did? Would you say . . .	01	02	03	04	05
8. In a typical week, how often was your (MOTHER/M-F) affectionate with you such as hugging or kissing you? Would you say ...	01	02	03	04	05
9. How often did you have a good time with her?	01	02	03	04	05
10. How often did you feel close with her?	01	02	03	04	05
11. <u>Still thinking back over the last 3 months</u> , in a typical week, how often did your (MOTHER/M-F) make you feel good about what you had done?	01	02	03	04	05
12. How often did she get angry at you?	01	02	03	04	05
13. How often did she criticize or nag you? Would you say . . .	01	02	03	04	05
14. How often did she shout or yell at you?	01	02	03	04	05
15. How often did you and she get into arguments?	01	02	03	04	05
16. How often did she punish you such as taking away your privileges like watching T.V. or talking on the phone?	01	02	03	04	05

**17. Are you currently living in the same household with your (MOTHER/M-F)?**

- 01 Yes or Sometimes {SKIP TO Q19}  
02 No

**18. When did you last live with her?**

\_\_\_\_\_ # weeks ago (RANGE 0-4)  
\_\_\_\_\_ # months ago (RANGE 0-12)  
\_\_\_\_\_ # years ago (RANGE 0-20)

-7 NEVER LIVED WITH MOM

**(IF TEEN NOT CURRENTLY LIVING WITH MF SKIP TO Q.21)**

**For these next questions, please use showcard #8.**

**19. How often is your (mother/mother-figure) able to be home when you get home from school, or with you in the afternoons?  
Would you say . . .**

01. Always  
02. Most of the time  
03. Some of the time  
04. Almost never  
05. Never

20. How often is your (mother/mother-figure) able to be home when you get up? Would you say . . .

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

21. How many times in a typical week did you eat the evening meal with your (mother/mother-figure)?

|\_\_| times per week (LIMIT: 0-7)

22. For these next questions, please use showcard #9. How much does your (mother/M-F) <u>really</u> know about...?	01 Doesn't Know at All	02 Knows a Little	03 Knows Pretty Much	04 Knows a Lot
a. who your female friends are? Would you say she...				
b. who your male friends are? Would you say...				
c. how you spend your money?				
d. what you do with your free time?				

#### SECTION F4: PARENT/PARENTAL-FIGURES

[IF NOT LIVED WITH MF IN LAST 6 MO (F2\_18>6mo), ASK Q.1]

[IF LIVED WITH MF ANYTIME IN LAST 6 MO (F2\_17=01 OR F2\_18 = 6mo), SKIP TO Q.2]

1. Have you lived with a parent figure at any time in the last 6 months, that is since (ENTER MONTH)? (Please do not include your boyfriend's parents.)

- 01 Yes
- 02 No (SKIP TO SECTION G)

2. Please tell me how often in the past 6 months, it would be true for you to make each of the following statements about your parent or parental-figures. This would be the person who knows what you're doing most of the time. (If you are not currently living with your parent figures, please think back to the last time when you were living with her or them in the last 6 months.)

For these next questions, please use showcard #10.

	Never	Rarely	Sometimes	Most of the Time	Always
a. My parents know (knew) where I am (was) after school or afternoons. Is this true. . .	01	02	03	04	05
b. If I am (was) going to be home late, I am (was) expected to call my parents. Is this true. . .	01	02	03	04	05
c. I tell (told) my parents who I am (was) going to be with before I go (went) out.	01	02	03	04	05
d. When I go (went) out at night, my parents know (knew) where I am (was).	01	02	03	04	05
e. I talk(ed) with my parents about the plans I have (had) with my friends.	01	02	03	04	05

	Never	Rarely	Sometimes	Most of the Time	Always
f. When I go (went) out, my parents ask(ed) me where I am (was) going.	01	02	03	04	05
g. When I am (was) not at home, school, or at work, my parents know (knew) who I am (was) with.	01	02	03	04	05
h. I am (was) allowed to have male friends in my bedroom.					

3. Do (Did) your parents set a time that they would like (wanted) you to be home on weekend nights?

01. Yes      02. No

(ASK SECTION G IF TEEN PREGNANT AGAIN (C1=01), ELSE SKIP TO SECTION H)

### SECTION G: POSITIVE PREGNANCY

(DAVID, B/c of the skips this may be easier to program not in table format)

Now I'm going to ask about your ((ENTER # FROM C1a) pregnancies/ pregnancy) in the past 18 months.

	1 <sup>st</sup> pregnancy	2 <sup>nd</sup> pregnancy	3 <sup>rd</sup> pregnancy
<b>1. How old was (BABY) when you got pregnant again?</b> <b>IF BABY DIED ASK: How many months after you delivered did you get pregnant again?"</b>  <b>IF B1a&gt;1 (&gt;1 PREGNANCY) ASK:</b> <b>1_1. For your first pregnancy, how old was (BABY) when you got pregnant again?</b> <b>1_2. For your second pregnancy, how old was (BABY) when you got pregnant again?</b> <b>1_3. For your third pregnancy, how old was (BABY) when you got pregnant again?</b>	____ Months (LIMIT=0-24)  (IF Q.1<6MO, SKIP TO Q.1_2, OR TO SECTION H IF ONLY 1 PREGNANCY )	____	____
<b>2. Did you get pregnant again (IF B1a&gt;1 ADD 'the 1<sup>st</sup> time', 'the 2<sup>nd</sup> time', 'the 3<sup>rd</sup> time') by (BABY)'s father, your current or former boyfriend, or someone else?</b> 01 BABY'S FATHER (SKIP TO 5) 02 CURRENT BOYFRIEND (SKIP TO 5) 03 FORMER BOYFRIEND 04 OTHER (ASK 2sp)	01 02 03 04	01 02 03 04	01 02 03 04
<b>2sp. specify other</b>	_____		
<b>(IF C1a&gt;1, ASK 2a_2 and 2a_3. DO NOT ASK 2a_1)</b>  <b>2a. Is this person the same as the person you already told me you got pregnant with?</b>	<b>(DON'T ASK 1<sup>st</sup> TIME)</b>	01 Yes (SKIP TO Q.5) 02 No	01 Yes (SKIP TO Q.5) 02 No
<b>3. How old is this person?</b>	____ Years (LIMIT=0-99)	____	____
<b>4. How many other children does he have?</b>	____ Children (LIMIT=0-99)	____	____

<b>5. Did you want to get pregnant with that person at that time? Would you say...</b>  01 Definitely no 02 Probably no 03 Neither wanted nor didn't want 04 Probably yes 05 Definitely yes	01 02 03 04 05	01 02 03 04 05	01 02 03 04 05
<b>6. Which of the following best describes the decision about this pregnancy? Would you say...</b>  01 Carry to term 02 Abortion 03 Haven't decided yet 04 STILL BIRTH ( <b>SKIP TO Section H, OR G1_2 OR G1_3</b> ) 05 MISCARRIED ( <b>SKIP TO Section H, OR G1_2 OR G1_3</b> )	01 02 03 04 05 <b>IF C1a&gt;1, GO BACK TO G1_2, ELSE SKIP TO SECT H.</b>	01 02 03 04 05 <b>IF C1a&gt;2, GO BACK TO G1_3, ELSE SKIP TO SECT H.</b>	01 02 03 04 05

## SECTION H: CONTRACEPTIVE USE/PHYSICAL DEVELOPMENT

Now I'm going to ask you about birth control.

1. In the past 6 months which of the following methods of birth control did you or your partners use?

- |                                                                      | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------------------------|------------|-----------|
| a. Condoms?                                                          | 01         | 02        |
| b. Birth control pills?                                              | 01         | 02        |
| c. Depo Provera (shots)?                                             | 01         | 02        |
| (IF YES, ASK: d. How long ago was your last shot? _____ (open text)) |            |           |
| e. Patch?                                                            | 01         | 02        |
| f. Vaginal ring?                                                     | 01         | 02        |
| g. IUD?                                                              | 01         | 02        |
| h. Rhythm or safe days of the month or tempsafe?                     | 01         | 02        |
| i. Withdrawal?                                                       | 01         | 02        |
| j. Douching?                                                         | 01         | 02        |
| k. Abstinence?                                                       | 01         | 02        |
| l. Morning after pill?                                               | 01         | 02        |
| IF YES: m. How many times? ____ times (RANGE 1-99)                   |            |           |
| n. Any other method of birth control?                                | 01         | 02        |
| IF n = YES: <b>1sp. SPECIFY:</b> _____                               |            |           |

These next few questions refer to sex or sexual intercourse. By that we mean when the male puts his penis in a female's vagina.

[ASK Q.2 IF TEEN USED CONDOMS (Q.1a=Yes), ELSE SKIP TO Q.3]

Now please use showcard #11.

2. **In the past 6 months**, when you had sexual intercourse, how often did you use condoms?

Would you say . . .

- 01. Never
- 02. Hardly ever
- 03. Some of the time
- 04. Most of the time
- 05. Always

**[ASK H3 IF TEEN USED ANY CONTRACEPTIVES OTHER THAN CONDOM (1b-g OR 1n=YES), ELSE SKIP TO H4]**

3. **In the past 6 months**, when you had sexual intercourse did you always use some form of birth control other than condoms?

- 01 Yes (SKIP TO Q.5) (IF BECAME PREGNANT IN LAST 6MO (C1b=yes) AND H2=05 THEN ASK Q.3a + Q.4)
- 02 No (GO TO Q.4)
- 03 DID NOT HAVE SEX IN PAST 6 MONTHS (GO TO Q.4)

**[ASK 3a IF PREGNANT IN LAST 6MO (G1=12) and ALWAYS USED CONDOMS OR CONTRACEPTIVES (Q.2=05 OR Q.3=01)]**

3a. **Why didn't they work?**

- 01 CONDOM BROKE
- 02 MISSED PILL
- 03 LATE FOR SHOT
- 04 Other (ASK 3sp)

3sp. Specify: \_\_\_\_\_

**[ASK Q.4 IF NO CONTRACEPTIVES USED (H1b-g+n=02) OR IF CONDOMS NOT ALWAYS (H2=01-04) AND CONTRACEPTIVES NOT ALWAYS (H3=02); OR ASK Q.4 IF BECAME PREGNANT IN THE LAST 6 MONTHS (C1b=yes).]**

4. **Have you not used birth control including condoms in the past 6 months for any of the following reasons?**

	<u>YES</u>	<u>NO</u>
a. You were afraid to ask?	01	02
b. You never thought of it?	01	02
c. You didn't know where to go, or had no transportation to get it?	01	02
d. It was too much hassle to use?	01	02
e. You were afraid of side effects?	01	02
f. You didn't care if you got pregnant?	01	02
g. You didn't expect to get pregnant?	01	02
h. Your partner didn't like it?	01	02
i. You didn't like it or you didn't want to use it?	01	02
j. You thought it wouldn't work?	01	02
k. You didn't have any available?	01	02
l. Your religion wouldn't allow it?	01	02
m. You didn't plan to have sex or not having sex?	01	02
n. Need Medicaid renewal?	01	02
o. Any other reason?	01	02

IF o=YES: 4sp. SPECIFY \_\_\_\_\_

**[IF NO CONTRACEPTIVES USED (H1b-g+n=02), SKIP TO Q.6]**

5. **What medical problems or side effects have you had with birth control in the past 6 months?**  
MARK ALL THAT APPLY

- 01. NONE
- 02. MOOD CHANGES/DEPRESSION
- 03. WEIGHT GAIN
- 04. HEADACHES
- 05. BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
- 06. SKIN CHANGES(COLORATION; ACNE)
- 07. HAIR LOSS
- 08. OTHER SIDE EFFECTS (ASK 5sp)

5sp. SPECIFY \_\_\_\_\_

**[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H3=03) SKIP TO H11, UNLESS TEEN PREGNANT IN LAST 6 MO (C1b=yes)]**

6. **In the past 6 months**, that is since (PROGRAM MONTH), with how many males did you have sexual intercourse?

|\_\_\_\_|\_\_\_\_|(0-99)

**[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H6=0) SKIP TO H11, UNLESS TEEN BECAME PREGNANT IN LAST 6 MO]**

7. **In the past 6 months**, did you ever drink alcohol when you had sexual intercourse?

01 Yes

02 No

8. **In the past 6 months**, did you ever use marijuana or other drugs when you had sexual intercourse?

01 Yes

02 No

**[IF TEEN DID NOT HAVE SEX (H6=0 OR H3=03) SKIP TO H11, UNLESS TEEN BECAME PREG IN LAST 6 MO]**

9. **Altogether, how many times have you had sexual intercourse in the past 6 months, (that is, since (MONTH))?**

**IF BECAME PREGNANT IN LAST 6 MO (C1b=yes): (but before you got pregnant, including the time you got pregnant)**

- 01. 1 (ASK 9a)
- 02. 2 (ASK 9b)
- 03. 3 (ASK 9c)
- 04. 4 or more (ASK 9d)

- 9a. **Did you use some form of birth control that time? When we say birth control, this includes condoms.**

- 01. Yes (SKIP TO H11)
- 02. No (SKIP TO H11)

- 9b. **How many of those 2 times did you use some form of birth control? When we say birth control, this includes condoms.**

- 01. 0 (SKIP TO H11)
- 02. 1 (SKIP TO H10)
- 03. 2 (SKIP TO H11)



9c. How many of those 3 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 times (SKIP TO H11)
- 02. 1 time (SKIP TO H10)
- 03. 2 times (SKIP TO H10)
- 04. 3 times (SKIP TO H11)

9d. Think about the last 4 times you had sexual intercourse (in the past 6 months). How many of those times did you use some form of birth control? When we say birth control, this includes condoms.

IF BECAME PREGNANT IN LAST 6 MO (C1b=yes): (before you became pregnant, including the time you got pregnant.)

- 01. 0 times (SKIP TO H11)
- 02. 1 time (SKIP TO H10)
- 03. 2 times (SKIP TO H10)
- 04. 3 times (SKIP TO H10)
- 05. 4 times (SKIP TO H11)

10. Did you use birth control, including condoms the last time you had sexual intercourse?

- 01 Yes
- 02 No

11. Do you have condoms available when you go out, when you're at home, or both?

- 01. Yes, when I go out
- 02. Yes, when I'm at home
- 03. Yes to both
- 04. No, neither

## SECTION I: Health Practices/ Attitudes

1. For these next questions, please use showcard #12. Now I'd like you to tell me whether you agree or disagree with the following statements..	01 Strongly Agree	02 Agree	03 Disagree	04 Strongly Disagree
a. In general, birth control is too much of a hassle to use. Do you...				
b. In general, birth control is too expensive to buy. Do you...				
c. It takes too much planning ahead of time to have birth control on hand when you're going to have sex.				
d. It is too hard to get a boy to use birth control with you.				
e. For you, using birth control interferes with sexual enjoyment. Do you...				
f. It is easy for you to get birth control.				
g. Using birth control is morally wrong.				
h. If you used birth control, your friends might think that you were looking for sex.				
i. It is better to be prepared with birth control even if you didn't know you would be having sex.				

<b>2. For these next questions, please use showcard #13.</b> <b>Some teenagers don't use birth control because it's hard for them to plan for things like having sex. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.</b>	Very True	Sort of True	Not Very True	Not At All True
a. If a girl uses birth control boys may think she is <u>too</u> prepared for sex. Is that . . .	01	02	03	04
b. It is hard for me to use birth control because I don't like to plan for sex. Is that . . .	01	02	03	04
c. Sometimes I have unprotected sex because I don't like boys to think I'm too prepared for sex.	01	02	03	04
d. I don't like to use birth control because if I do my parents and boyfriends will think I'm having sex.	01	02	03	04

[IF CURRENTLY PREGNANT (C1c=yes), SKIP TO Q.4]

<b>3. For these next questions, continue using showcard #13.</b> <b>Some teenagers don't use birth control because they feel they don't need to. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.</b>	Very True	Sort of True	Not Very True	Not At All True
a. I don't need birth control because I only have sex during the safe times of the month. Is that . . .	01	02	03	04
b. I don't have to use birth control because I've had sex for a while without getting pregnant. Is that . . .	01	02	03	04
c. I don't need birth control because my boyfriend is sterile.	01	02	03	04
d. I don't need birth control because my boyfriend is <u>very good</u> at withdrawal.	01	02	03	04

<b>4. Some teenagers don't use birth control because they don't like the side effects it causes. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.</b>	Very True	Sort of True	Not very True	Not At All True
a. I don't like any kind of birth control, so I have to take the chance of getting pregnant. Is that . . .	01	02	03	04
b. Using most forms of birth control is more dangerous than pregnancy at my age. Is that . . .	01	02	03	04
c. I don't use birth control because it causes too many side effects.	01	02	03	04
d. I can't use any kind of birth control; all kinds give <u>me</u> too many side effects.	01	02	03	04
e. Most people I know think birth control is dangerous; so I'm afraid to use it.	01	02	03	04

[IF CURRENTLY PREGNANT (C1c=yes), SKIP TO Q.9]

- 5. For these next questions, please use showcard #15.**  
**If you wanted to use birth control, how sure are you that you could stop yourself and use birth control once you were highly aroused or turned on? Would you say . . .**
- 01 Very sure
  - 02 Moderately sure
  - 03 Neither sure nor unsure
  - 04 Moderately unsure
  - 05 Very unsure
  - 06 I NEVER WANT TO USE BIRTH CONTROL

**6. How sure are you that you could plan ahead to have some form of birth control available?**

**Would you say . . .**

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

**7. How sure are you that you could resist sexual intercourse if your partner did not want to use some form of birth control? Would you say . . .**

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

**8. When it comes to decisions about sex and birth control who has the final say? (NOTE: If no current boyfriend, think back to the most recent boyfriend you had sex with). Would you say...**

- 01 Your boyfriend always does
- 02 Your boyfriend does most of the time
- 03 You both do the same
- 04 You do most of the time
- 05 You do always

Teen moms/ (teens) have different ideas about how having another baby might affect their life. We would like to ask you a few questions about how YOU feel about having another baby soon, and how you think it might affect your life. There are no "right" or "wrong" answers, we just want to know how you feel.

**(IF TEEN CURRENTLY PREGNANT (C1c=01), SKIP TO H12)**

**9. Which of the following comes closest to how you feel? Would you say . . .**

- 01 I definitely do not want to get pregnant again soon.
- 02 I wouldn't really mind getting pregnant again soon.
- 03 I would really like to get pregnant again soon.

**10. Some teens think that having another baby would have a good effect and others think the effect would be bad.**

**a. Tell me which of these statements is most true for you.**

- 01. I feel that having another baby soon would get in the way of my plans for the future,
- 02. I feel that having another baby soon would fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

**b. The next statements are . . .**

- 01. Having another baby soon would be too much of a burden on me,
- 02. Having another baby soon would not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

**c. (The next statements are . . .)**

- 01. Having another baby soon would drive my boyfriend and me apart,
- 02. Having another baby soon would bring me closer to boyfriend, or
- 03. I go back and forth, so both are true for me
- 04. NEITHER ARE TRUE FOR ME
- 05 . NO BOYFRIEND

**d. (The next statements are . . .)**

- 01. If I had another baby, I would have to move out of my home, which I would not feel good about,
- 02. Having another baby would give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

<b>11. For these next questions, please use showcard #16. What do you think are the chances that you will get pregnant again before your baby turns 2 years.</b>  <b>IF BABY DIED or no contact with baby (B6=0 OR B5=07) ASK... that you will get pregnant again (in the next 6 months)?</b>	01. Almost No Chance	02. Some Chance, Probably Not	03. A 50-50 Chance	04. A Good Chance	05. Almost Certain
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**(AFTER H11, SKIP TO H14)**

**ASK IF TEEN CURRENTLY PREGNANT (C1c=yes)**

**12. Which of the following comes closest to how you feel? Would you say . . .**

- 01 I definitely did not want to get pregnant again now.
- 02 I really didn't mind getting pregnant again now.
- 03 I really liked getting pregnant again now.

**13. Some teens think that having another baby would have a good effect and others think the effect would be bad.**

**a. Tell me which of these statements is most true for you.**

- 01. I feel that having another baby will get in the way of my plans for the future,
- 02. I feel that having another baby will fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

**b. The next statements are . . .**

- 01. Having another baby will be a burden on me,
- 02. Having another baby will not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

**c. (The next statements are . . .)**

- 01. Having another baby will drive my boyfriend and me apart,
- 02. Having another baby will bring me closer to my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.
- 05. NO BOYFRIEND

**d. (The next statements are . . .)**

- 01. Having another baby, means I might have to have to move out of my home, which I would not feel good about,
- 02. Having another baby might give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

Now think about your (mother/mother-figure).

For this next question, please use showcard #17.	Disapprove	Sort of Disapprove	Sort of Approve	Approve	NOT APPLICABLE
<p>14. If you got pregnant again before your child was 2 years old would your (mother/mother-figure). . .</p> <p>IF TEEN EVER PREGNANT AGAIN (C1=01) How does/did your (mother/mother-figure)...feel about your getting pregnant again? Does/did she...</p> <p>IF BABY DIED (B1=06 or 07) or(B6=07) or (B7=0) If you got pregnant again in the next 6 months would your (mother/mother-figure)...</p>	01	02	03	04	-7

15. Now think about your brothers or sisters, and any cousins who lived with you, who were younger than 20 in the last year. Have any of them gotten pregnant, or gotten someone pregnant in the last year?

- 01. Yes [GO TO Q.16]
- 02. No [SKIP TO SECTION J]
- 03. NO SIBLINGS/COUSINS UNDER 20 [SKIP TO SECTION J]

16. How many were sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: \_\_\_\_\_
- b. Brothers/male cousins: \_\_\_\_\_

17. Now think about your brothers or sisters, and any cousins who lived with you, who were younger than 20 in the last year. Have any of them had a baby in the last year?

- 01. Yes [GO TO Q.22]
- 02. No [SKIP TO SECTION J]

18. How many were sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: \_\_\_\_\_
- b. Brothers/male cousins: \_\_\_\_\_

## SECTION J: HEALTH PRACTICES – ATTITUDES & KNOWLEDGE

1. Now please use showcard #18. Imagine that sometime in the future you were to have sexual intercourse with someone just once, but were unable to use any method of birth control for some reason. What is the chance that you would get pregnant? Would you say . . .

- 01 Almost no chance
- 02 Some chance, but probably not
- 03 A 50-50 chance
- 04 A good chance
- 05 Almost certain
- 8 DON'T KNOW

2. For the next few statements, please tell me which phrase you think best completes the sentence.

A woman is most likely to get pregnant if she has intercourse...

- 01 a day or so before her period
- 02 during her period
- 03 halfway between periods
- 04 risk is the same throughout
- 8 DON'T KNOW

3. A sperm can stay alive and able to fertilize an egg in the woman's body for as long as...

- 01 two hours
- 02 1-2 days
- 03 3-7 days
- 8 DON'T KNOW

4. The least reliable method of birth control is:

- 01 condom
- 02 withdrawal
- 03 rhythm/safe days of the month
- 04 birth control pills
- 98 DON'T KNOW

5. The most reliable method of birth control is:

- 01 condom
- 02 depo provera (shots)
- 03 birth control pills
- 04 rhythm/safe days of the month
- 8 DON'T KNOW

## SECTION K: ACCESS TO HEALTH SERVICES

1. Do you have a doctor or clinic that you go to for your regular health care for illnesses or health check-ups?

- 01 Yes (ASK Q1a)
- 02 No (SKIP to Q2)

1a. What is the name of the doctor or clinic?

- 01. Children's National Medical Center
- 02. Washington Hospital Center
- 03. Chartered Health
- 04. Other: (ASK Q1sp)

1sp Specify: \_\_\_\_\_ (OPENED TEXT)

IF TEEN BECAME PREGNANT IN MO 6-12 AND CURRENTLY PREGNANT, SKIP TO K9.

2. (In the past 6 months), did you meet with a health provider, doctor, or nurse?

IF TEEN PREGNANT IN LAST 6 MO (C1b=yes) (In the last 6 months but before you became pregnant again,)

- 01 Yes
- 02 No (SKIP TO Q.9)
- 8 DON'T KNOW

3. In the last 6 months, have you been told by a doctor or nurse that you had:

3a. Chlamydia? 01 Yes 02 No

3b. HIV or AIDS? 01 Yes 02 No

3c. Any other STDs? 01 Yes (ASK 3\_sp) 02 No

3\_sp SPECIFY: \_\_\_\_\_

4. In the last 6 months when you met with a health care provider, how often were you able to talk to that person without your parent or guardian sitting in? Would you say...

- 01-Nearly every visit
- 02-Sometimes
- 03-Rarely
- 04-Never

[IF CURRENTLY PREGNANT (C1c=yes) AND BECAME PREGNANT IN MO 6-12 (C1b=no), SKIP TO Q.17]

5. In the past 6 months, how often have you and the doctor or nurse talked about preventing pregnancy or using birth control? Would you say . . . IF TEEN BECAME PREGNANT IN LAST 6 MO (C1b=yes) (In the past 6 months but before you became pregnant again,)

- 01 Nearly Every Visit (SKIP TO Q.6)
- 02 Sometimes (SKIP TO Q.6)
- 03 Rarely (SKIP TO Q.6)
- 04 Never (GO TO Q.5a)

5a. Why haven't you talked about it? Would you say . . .

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 5\_sp)

5\_sp. SPECIFY: \_\_\_\_\_

6. (In the past 6 months), did you receive advice, services, or a prescription for preventing pregnancy from any health provider?

IF TEEN BECAME PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01 Yes {SKIP TO Q7}
- 02 No {GO TO Q6a, THEN SKIP TO Q9}
- 8 Don't Know {SKIP TO 7}

6a. Why not? (MARK ALL THAT APPLY)

- 01 PARENTS WOULDN'T ALLOW IT
- 02 HEALTH PROVIDER DIDN'T BRING IT UP
- 03 AFRAID TO ASK
- 04 NEVER THOUGHT OF IT
- 05 DIDN'T DISCUSS SEX
- 06 WASN'T PLANNING TO HAVE SEX
- 07 DON'T WANT TO USE BIRTH CONTROL
- 08 OTHER (ASK 6a\_sp)

6a\_sp: SPECIFY: \_\_\_\_\_

[AFTER Q6a IS ASKED, SKIP TO Q.9]

7. Where did you receive that advice or service?

- 01 PRIVATE DOCTOR'S OFFICE
- 02 COMMUNITY HEALTH CLINIC (ASK 7sp)
- 03 SCHOOL
- 04 HOSPITAL (ASK 7sp)
- 05 PLANNED PARENTHOOD
- 06 SOME OTHER PLACE (ASK 7sp)

7sp: specify place \_\_\_\_\_

8. What birth control methods were recommended to you or for your partner by your doctor, a clinic, or Planned Parenthood (in the past 6months)? (MARK ALL THAT APPLY)

IF TEEN PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01. NONE
- 02. CONDOMS
- 03. BIRTH CONTROL PILLS
- 04. DEPO PROVERA (SHOTS)
- 05. PATCH
- 06. VAGINAL RING
- 07. IUD
- 08. RHYTHM/SAFE DAYS OF THE MONTH/TEMPSAFE
- 09. WITHDRAWAL
- 10. DOUCHING
- 11. ABSTINENCE
- 12. MORNING AFTER PILL
- 13. OTHER (GO TO 8sp)

8sp: \_\_\_\_\_

IF CURRENTLY PREGNANT (C1c=yes) SKIP TO Q.11

9. Are you having problems getting birth control supplies?

- 01 Yes (ASK Q10)
- 02 No (SKIP to Q11)

10. What problems are you having? (CHECK ALL THAT APPLY)

- 01 PARENTS WON'T ALLOW IT
- 02 DIDN'T KNOW WHERE TO GO
- 03 NO TRANSPORTATION
- 04 TOO EXPENSIVE
- 05 NEED MEDICAID RENEWAL
- 06 OTHER (Ask 10sp)

10sp. Specify: \_\_\_\_\_

11. In the past 6 months, have you received any psychological or emotional treatment other than with the GirlTalk staff?

- 01 Yes
- 02 No

## SECTION L: Problem Behaviors

In the past 6 months...

	Yes	No
1. Did you sneak out of the house to meet a boy?	01	02
2. Did you get drunk?	01	02
3. Did you ever stay out all night without your parents' permission?	01	02
4. ... lie to your parents about where you went?	01	02
5. ... go to a party at which peers drank alcohol?	01	02
6. ... go to a party at which peers smoked marijuana?	01	02
7. ... go to a party at which people had sex during or afterwards?	01	02
8. ... run away from home?	01	02



**In the past 6 months did you ever...**

	<b>Yes</b>	<b>No</b>
9. ... steal money or something worth \$10 or less?	01	02
10. ... steal money or something worth \$10 to \$50?	01	02
11. ... steal money or something worth more than \$50?	01	02
12. ... damage or destroy property?	01	02
13. ... get picked up by the police?	01	02
14. ... steal a car/ drive a car without the owner's permission?	01	02
15. ... trade sex for drugs, jewelry, clothes, or other nice things?	01	02
16. ... sell drugs?	01	02
17. ... carry a weapon?	01	02
18. ... belong to a gang?	01	02

<b>19. For these next questions, please use showcard #19. Among the people you consider to be your closest friends who are girls, how many would you say...?</b>	<b>01</b> None	<b>02</b> A Few	<b>03</b> Some	<b>04</b> Most	<b>05</b> All
a. Drink alcohol once a week or more? Would you say...					
b. Have used drugs such as marijuana? Would you say..					
c. Have used other drugs such as cocaine?					
d. Do well in school?					
e. Plan to go to college?					
f. Get into trouble at school?					
g. Have had a baby?					
h. Have had an abortion?					
i. Have had two or more babies?					

[IF TEEN NOT IN SCHOOL IN PAST 6MO (D2=03 OR ONLY 02), SKIP TO SECTION M]

<b>20. In the past 6 months, that is since last (MONTH+YEAR), have you had any of the following problems in school?</b>	<b>Yes</b>	<b>No</b>
a. Being expelled	01	02
b. Being suspended	01	02
c. Failing at least one class	01	02
d. Skipping school	01	02
e. Fighting	01	02
f. Dropping out or quit going	01	02
g. Any other problems? (IF YES, ASK 20sp)	01	02
<b>20sp. SPECIFY:</b> _____		

**SECTION M: Physical Abuse**

**1. Have you hit or physically hurt anyone in the past 6 months?**

- 01. Yes, once
- 02. Yes, more than once
- 03. No (SKIP TO Q.3)

**2. With whom did you fight? Was it . . . (MARK ALL THAT APPLY)**

- 01. A total stranger,
- 02. A friend or someone else you knew,
- 03. A boyfriend or date,
- 04. A parent, brother, sister, or other family member,
- 05. A teacher, or
- 06. Someone else? (ASK 2\_sp)

**2\_sp SPECIFY:** \_\_\_\_\_

<b>3. In the past 6 months...</b>	<b>Yes</b>	<b>No</b>
a. Have you been physically abused, beaten, or harmed?	01	02
b. Have you been sexually abused, forced to have sex against your will, raped, or touched in sexual ways when you didn't want to be?	01	02
c. Did you see physical abuse of other people in your family or household?	01	02

## SECTION N: Drug and Alcohol Use

<b>1. On average how many days per week do you drink alcohol?</b>	0 (SKIP TO Q4)	1	2	3	4	5	6	7	09. Less than once a week
-------------------------------------------------------------------	-------------------	---	---	---	---	---	---	---	---------------------------

<b>2. On a typical day when you drink alcohol, how many <u>drinks</u> do you have?</b>	1	2	3	4	5	6	7	8	9	10	11	12 or more
<b>3. In the <u>past</u> month, what was the <u>maximum</u> number of drinks you had on any given occasion?</b>	1	2	3	4	5	6	7	8	9	10	11	12 or more

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
<b>4. In the past 6 months, about how often did you smoke cigarettes?</b> Would you say...	01	02	03	04	05	06	07
<b>5. In the past 6 months, about how often did you use marijuana?</b> Would you say...	01	02	03	04	05	06	07 (SKIP TO Q.7)

**6. When you use marijuana how many hits or puffs do you typically take?**

|\_|\_|\_|\_| (LIMIT=0-30)

**7. In the past 6 months, have you used cocaine, crack or any other drugs such as meth, ecstasy, or Oxycontin?**

01 Yes

02 No

During the past 6 months:	Yes	No
<b>8. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?</b>	01	02
<b>9. Have you used alcohol or drugs to relax, feel better about yourself, or fit in?</b>	01	02
<b>10. Have you used alcohol or drugs while you were by yourself alone?</b>	01	02
<b>11. Have you forgotten things you did while using alcohol or drugs?</b>	01	02
<b>12. Have your family or friends told you that you should cut down on your drinking or drug use?</b>	01	02
<b>13. Have you gotten into trouble while you were using alcohol or drugs?</b>	01	02

## SECTION O: TEEN ATTITUDES

1. For these next questions, please use showcard #20. I'm going to read you some statements. The first one is...	01 Not at all like you	02 A little like you	03 Quite like you	04 Very much like you
a. I am good at making and keeping friends. Would people who know you say that this is...				
b. I am good at planning ahead. Would people who know you say that this is...				
c. I know how to say "no" when someone wants me to do things I know are wrong or dangerous.				
d. I think through the possible good and bad results of different choices before I make decisions. Would people who know you say that this is...				
e. I save money for something special rather than spending it all right away.				

2. Now please use showcard #21. For these next statements, tell me how much you agree or disagree.	Strongly agree	Agree	Disagree	Strongly Disagree
a. I have little or no control over the things that happen to me. Do you . . .	01	02	03	04
b. There is really no way I can solve some of the problems I have. Do you . . .	01	02	03	04
c. There is little I can do to change many of the important things in my life.	01	02	03	04
d. I often feel helpless in dealing with the problems of life.	01	02	03	04
e. Sometimes I feel that I am being pushed around in life.	01	02	03	04
f. What happens to me in the future mostly depends on me.	01	02	03	04
g. I can do just about anything I set my mind to do.	01	02	03	04

## SECTION P: TEEN ROUTINES AND RESPONSIBILITIES

Now we are going to talk about your routines and responsibilities.

1. What time do you usually go to bed at night on a weekday?

\_\_ \_\_:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

2. What time do you usually get up on a weekday?

\_\_ \_\_:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

Now what about the weekend.

3. What time do you usually go to bed at night on the weekend?

\_\_ \_\_:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

4. What time do you usually get up on the weekend?

\_\_ \_\_:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

**5. Now think about the past week.**

**During the past week, for how many hours did you watch TV, videos, or play video games?**

\_\_\_\_ (0-160)

In the past 6 months, have you participated in the following activities?	Yes	No (IF NO, Ask b)	Have you tried to find out about participating in them?	Yes	No
6a. Church programs or meetings	01	02 (Ask 6b)	6b.	01	02
7a. Community recreation activities	01	02 (Ask 7b)	7b.	01	02
8a. School-based clubs or sports	01	02 (Ask 8b)	8b.	01	02
9a. Neighborhood teen clubs	01	02 (Ask 9b)	9b.	01	02
10a. Local girl's sports groups	01	02 (Ask 10b)	10b.	01	02

**SECTION Q: RESPONSIBILITY**

(FOR "mother/mother-figure": PROGRAM "mother" IF MF=01 or 03, OR "mother-figure" IF MF=02)

1. The next few questions are about the activities you or someone else does around the house. (CHECK ALL THAT APPLY.)	TEE N	MOTHER/ MF	SOMEONE ELSE	NO ONE	N/A
a. Who fixes meals? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
b. Who does the grocery shopping? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
c. Who does the inside cleaning?	01	02	03	04	-7
d. Who pays the bills?	01	02	03	04	-7
e. Who does the laundry?	01	02	03	04	-7

**[SKIP TO Q.3 IF BABY DIED (B1=01) OR (B6=07) OR (B7=0)]**

f. Who takes (NAME OF BABY) to the doctor or clinic? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
g. Who puts (NAME OF BABY) to bed? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
h. Who feeds (NAME OF BABY)?	01	02	03	04	-7
i. Who bathes (NAME OF BABY)?	01	02	03	04	-7
j. Who changes (NAME OF BABY)'s diapers?	01	02	03	04	-7

- 2. How many people besides you would be able to take care of (NAME OF BABY) for several hours if needed? (SELECT ONE)**

0    1    2    3    4    5    6    7    8    9    10 or more

- 3. How many friends do you have who you talk to about your problems? (SELECT ONE)**

0    1    2    3    4    5    6    7    8    9    10 or more

- 4. In a typical week, about how much time do you spend talking on the phone?**

|\_\_| minutes (LIMIT=0-59)    |\_\_| hours (LIMIT=0-59)

5. What kind of bank account do you have? Do you have . . .

- 01. Savings
- 02. Checking
- 03. Both
- 04. Other
- 05. None

6. About how much are you able to save in an average month?

\_\_\_\_\_ \$ (LIMIT 0-5000)

7. Do you have a cell phone for your personal use?

- 01 Yes
- 02 No

8. Is there a house phone (landline phone) where you live?

- 01 Yes
- 02 No

## SECTION T: ADULTS IN TEEN'S LIFE

1. Is there an adult whom you look up to who is not related to you or living with you? This does not include your boyfriend or someone from the GirlTalk project.

- 01 Yes
- 02 No (SKIP TO FINAL SCREEN-1)

	Adult 1	Adult 2
<b>2. What is your relationship with this person?</b> 01. ADULT FRIEND 02. NEIGHBOR 03. RELIGIOUS LEADER 04. SOCIAL WORKER/ COUNSELOR 05. TEACHER 06. HEALTH PROFESSIONAL 07. OTHER (ASK 2sp) 2sp Specify _____	01 02 03 04 05 06 07 SP _____	01 02 03 04 05 06 07 SP _____
<b>2a. How far in school did this person complete?</b> 01 COMPLETED GRADE SCHOOL OR LESS 02 SOME HIGH SCHOOL 03 COMPLETED HIGH SCHOOL 04 SOME COLLEGE 05 COMPLETED COLLEGE 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE -8 DON'T KNOW ? ASK Q.2b	01 02 03 04 05 06 -8	01 02 03 04 05 06 -8
<b>2b. Did this person go to college?</b> 01 Yes 02 No -8 DON'T KNOW	01 02 -8	01 02 -8

	Adult 1	Adult 2
<b>3. How often do you have contact with this person? Would you say . . .</b> 01. A few times a year or less 02. Once a month 03. A few times a month 04. Once a week 05. A few times a week	01 02 03 04 05	01 02 03 04 05
<b>4. Who makes contact in this relationship? Would you say . . .</b> 01 You do 02 They do 03 Both make an equal amount of contact	01 02 03	01 02 03
<b>5. Do you go to this person to talk about things that are personal?</b> 01. Yes 02. No	01 02	01 02
<b>6. Do you get guidance or advice from this person about planning for your future?</b> 01. Yes 02. No	01 02	01 02
<b>7. Can you count on this person to be there for you or to help you when you need something?</b> 01. Yes 02. No	01 02	01 02
<b>8. For these questions, use showcard #22.</b> <b>How important do you think it is to this person that you <u>continue your education</u>? Would you say . . .</b> 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
<b>9. How important is it to this person that you <u>get a good job</u> or be successful in a career?</b> 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
<b>10. Now use showcard #23.</b> <b>If you got pregnant again (before your child was 2 years old), would this person. . .</b>  <b>IF BABY DIED(B1=06 or 07) OR ADOPTED (B5=07)) (in the next 6 months),</b>  <b>IF PREGNANT AGAIN, ASK (How does this person feel about your being pregnant again. Does this person. . .)</b> 01. Disapprove 02. Somewhat Disapprove 03. Neither Approve nor Disapprove 04. Somewhat Approve 05. Approve	01 02 03 04 05	01 02 03 04 05

	Adult 1	Adult 2
<b>11. Does this person's guidance focus more on your parenting skills or on your own education and career development?</b>		
01. parenting skills	01	01
02. education/career	02	02
03. both	03	03
04. neither	04	04
<b>12. Is there another adult whom you look up to who is <u>not related</u> to you or living with you? This doesn't include your partner/boyfriend or someone from the GirlTalk staff.</b>		
01. Yes	01 {GO BACK TO Q.2)	
02. No	02 No {SKIP TO FINAL SCREEN-1)	

### FINAL SCREEN-1

That was our last question today. Thank you for taking the time to answer our questions.

Please remember that you need to take the pregnancy test at home in the next week, if you have not already. Did you receive your pregnancy kit? You will be mailed \$15 once you complete the pregnancy test.

### FINAL SCREEN-2

**[SHOW IF C1=yes (TEEN PREGNANT AGAIN)]**

END INTERVIEW NOW AND COMPLETE "Positive Pregnancy Form" WITH TEEN.

### FINAL SCREEN-3

**[DO NOT SHOW IF C1=yes (TEEN PREGNANT AGAIN)]**

Have you completed your ept?

IF YES, COMPLETED EPT: Have you called in your results? What were your results?

IF RESULTS NEGATIVEà RECORD TEEN'S RESULTS IN DMS

IF RESULTS POSITIVEà COMPLETE Hardcopy "Positive Pregnancy Form" WITH TEEN NOW.

SAY TO ALL: Thank you again for your time today. I will call you again in 3 months for your check-in call.